JANUARY 1, 2027 THRU DECEMBER 31, 2027

TOWN OF SULLIVAN

APPLICATION FOR USE OF TOWN LANDINGS AND/OR GORDONS WHARF

Name : _____ Date:_____

Signature: _____ _____

Address

Resident of :_____ **Telephone:**_____

Purpose of use:_____

Boat registered

at:_____ **Are You a**

property owner in the Town of Sullivan YES _____ NO_____

First Contact Person _____ **Telephone:**_____

Second Contact Person_____ **Telephone:** _____

NO GARBAGE IS TO BE LEFT AT BOAT LAUNCHES OR WHARF
YOU CARRY IN YOU CARRY OUT

FOR OFFICIAL USE ONLY

USE PERMIT GRANTED AND ISSUED

DATED _____ **20_____**

PERMIT #_____ FOR USE OF Sullivan Town Landings and/or Gordons Wharf

FOR THE PURPOS OF:_____

This covers only one boat at a time

SIGNED _____**Town Official**

NOTE: NO OVERNITE LEAVING OF TRAILERS, VEHICLES OR GEAR